

COMMUNITY SCHOOL REFERRAL/RECOMMENDATION
(Forms available at kcclc.org)

STUDENT INFORMATION

SSID# _____

Name	Age	Grade	Date of Birth
Residence Address	City/Zip	Telephone	
<input type="checkbox"/> PARENT <input type="checkbox"/> LEGAL GUARDIAN	Name(s) _____	Other Phone _____	
Address _____			

EDUCATIONAL BACKGROUND INFORMATION

LAST SCHOOL(S) ATTENDED: _____ Grades in progress? No Yes If yes, term: Fall Spring
Drop Date for Last School Attended: _____ Eligible to Enroll in Community School On: _____
Date Eligible to return to District of Residence: _____

ATTENDANCE: Please rate the student's attendance over the past six months (other than court schools):
 Good Satisfactory Poor Has there been a recent period of non-attendance? No Yes If yes, how long? _____ days/months.

BEHAVIOR: Please rate the student's school behavior over the past six months: Good Satisfactory Poor
Recent suspensions? No Yes How many _____ Total days _____ What was the most serious offense during the past 12 months? _____
Is the student being referred as a result of the recommendation by a school attendance review board? No Yes
If yes, have all the provisions of Ed Code 1981(b) been satisfactorily met? No Yes

EXPULSION ACTIONS: Expelled? No Yes Period of Expulsion _____ through _____
Expulsion hearing pending? No Yes Waived by agreement Parent informed of option to attend KCSOS Community School pending expulsion hearing
Ed Code Violation(s) Ed Code 48900 _____ Ed Code 48915 _____

REFERRAL REASON: If *Expulsion Actions* is "NO," please give reason for referral _____

VOLUNTARY ENROLLMENT (Ed Code 1981 (d)): No Yes Expected Period of Enrollment _____ through _____
Additional Information (Rehabilitation Plan Conditions, Other Conditions, etc.): _____

SPECIAL INSTRUCTIONS FOR COURSE OF STUDY: _____

SPECIAL EDUCATION SERVICES? No Yes **504 PLAN?** No Yes *Current IEP/504 Plan must be attached to this referral.*
ENGLISH LEARNER (ELD)? No Yes Proficiency Level: _____ **MCKINNEY-VENTO?** No Yes

GENERAL BACKGROUND INFORMATION

PROBATION: Is the student on probation at the present time? No Yes-Probation Officer Name: _____
Does the student have a court date pending? No Yes-Date attending court: _____

REFERRAL SOURCE/PLEASE FILL OUT COMPLETELY

1. Fax front to the Kern County Superintendent of Schools Office, Student Services at (661) 636-4127.
2. Give original to parent or guardian to be taken to Community School for enrollment.

FROM _____ Agency/School/District _____
_____ Print Referrer Name _____
_____ Title _____ Telephone Number _____ Date of Referral _____

***Please notify community school immediately upon issuing this recommendation.**

Student and parent or legal guardian signatures authorize the Community School to share student performance information with the above mentioned related agencies. This form should be accompanied by a photocopy of immunization records and a transcript (high school students). If the student has an IEP or 504 Plan those documents must be attached to this referral. The signatures listed below represent a formal request to have the above named student referred to and enrolled in a Community School program. Transportation to and from school is the responsibility of the student/parent.

_____ Student Signature	_____ Referrer's Signature (School)
_____ Parent/Legal Guardian Signature	_____ Referrer's Signature (Probation)

**Kelly F. Blanton Student Education Center
Community Learning Center - (CLC Tech)**

300 E. Truxtun Ave., Suite A, Bakersfield, CA 93305

(661) 852-5600 / Fax (661) 852-5696

Instructional Method Offered: Classroom

**Kelly F. Blanton Student Education Center
Community Learning Center - (CLC)
Community Learning Center Elementary - (CLC Elem)**

330 E. Truxtun Ave, Bakersfield, CA 93305

(661) 852-5500 / Fax (661) 324-0922

Instructional Methods Offered: Classroom and Independent Study

East Kern Community School

3200 Pat Ave., Mojave, CA 93501

(661) 824-3111 / Fax (661) 824-3122

Instructional Methods Offered: Independent Study

Lake Isabella Community School

Physical Address: 6504 Lake Isabella Blvd., Suite B, Lake Isabella, CA 93240

Mailing Address: 330 E. Truxtun Ave, Bakersfield, CA 93305

(661) 852-5500 / Fax (661) 324-0922

Instructional Methods Offered: Independent Study

North Kern Community School

1915 Cecil Ave., Delano, CA 93215

(661) 721-2130 / Fax (661) 721-8618

Instructional Methods Offered: Classroom and Independent Study

West Kern Community School

301 North St., Taft, CA 93268

(661) 763-3612 / Fax (661) 763-3648

Instructional Methods Offered: Independent Study

Special Education and Support Services

301 E. 18th St., Bakersfield, CA 93305

(661) 852-5712 / Fax (661) 852-5711